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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/549,441 Filing Date 06/26/2006				To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N.	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		П	N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		П	N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				П	x \$ =		OR	x s =	
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *					x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and of sheets of paper, the app is \$250 (\$125 for small additional 50 sheets or t 35 U.S.C. 41(a)(1)(G) a			oplication size fee due I entity) for each r fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))										]		
* If t	the difference in colu		TOTAL		J	TOTAL						
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	11/01/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOU: PAID FOR	SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ĭ.	Total (37 CFR 1.18(i))	· 14	Minus	<b></b> 20		= 0		x \$ =		OR	X \$50=	0
۲	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0	П	x \$ =		OR	X \$210=	0
Σ	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))		Minus	**				X \$ = 1		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))	*	Minus	***		-		x \$ =		OR	x \$ =	
핇	Application Size Fee (37 CFR 1.16(s))									]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						П			OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** If	If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For IM THIS SPACE is less than 30, enter "20".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM For IM For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM For IM For IM For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM For IM For IM For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IM For IM For IM For IM THIS SPACE is less than 3, enter "3".  If the "Highest Number Proviously Paid For IM For IM For IM THIS SPACE is less than 3, ente											

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the USFTO to process) an application. Confidentiality is ownered by 80 USs. C. 122 and 37 CFR. 1.4. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.